542-140-0015-A

PREPARING DA FORM 4245

Initial Load on the "7" Card

TEC Lesson 542-140-0015-A

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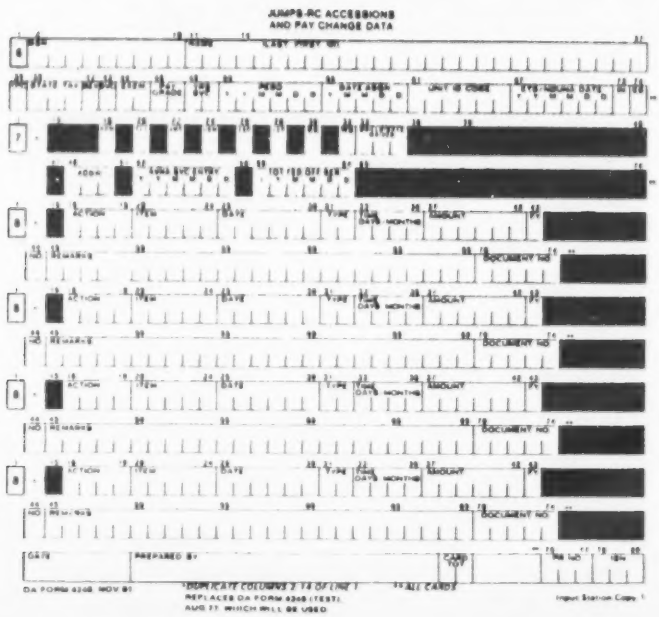


Produced by
ARMY RESERVE
READINESS TRAINING CENTER
FORT McCOY, WISCONSIN

STUDENT, SUPERVISOR INSTRUCTIONS, PRE-TEST/POST-TEST, AND ANSWER KEY ARE CONTAINED IN THIS BOOK

MAY 1985

If you have any questions or comments concerning the TEC Lesson, address them to:

Commandant
Army Reserve Readiness Training Center
ATTN: AFYB-TD
Fort McCoy, WI 54656-5000

READ THE STUDENT/SUPERVISOR INSTRUCTIONS CAREFULLY. BE SURE YOU UNDERSTAND THEM COMPLETELY BEFORE BEGINNING THE LESSON. PLEASE DO NOT WRITE IN THIS BOOK.

The words "he," "his," and "men," when used in this publication, represent both the masculine and feminine genders, unless otherwise stated.

STUDENT/SUPERVISOR INSTRUCTIONS

TYPE OF LESSON

Administrative

AUDIENCE

USAR Full-Time Unit Support (FTUS) Personnel
Unit Technicians
MOS 71L, 75B--Premobilization

TRAINING OBJECTIVES

Soldiers completing this lesson should be able to complete the "7" card section of DA Form 4245 and determine which source documents provide data for the "7" card.

MATERIAL/EQUIPMENT REQUIRED

Lesson booklet

Three blank DA Forms 4245

Pencil

TIME REQUIRED

45 minutes

REFERENCES

AR 37-104-10

READEX FICHE best copy available

STUDENT/SUPERVISOR INSTRUCTIONS

STUDENT INSTRUCTIONS

Prerequisite: Before taking this lesson, you should have successfully completed TEC Lesson 542-140-00014-A.

Take the Pre-Test/Post-Test. If you pass, you do not have to take the lesson.

Make sure you have the material and equipment required to complete the lesson.

Take the lesson. Use blank DA Forms 4245 or photocopies. Do not write in this book.

When you complete the lesson, take the Pre-Test/Post-Test again. If you do not pass, take the lesson again.

This lesson on the DA Form 4245 is the second in a series of three.

SUPERVISOR INSTRUCTIONS

Make sure students have completed the prerequisite given in the Student Instructions.

Administer the Pre-Test/Post-Test to determine need for the lesson. Responses to test questions must be made on a blank DA Form 4245 or a photocopy, not in the lesson book. Make sure students have three copies of DA Form 4245 to use to complete the lesson. To pass the Pre-Test/Post-Test, a soldier must answer 8 of the 10 test items correctly.

Administer the lesson to students who do not pass the Pre-Test/Post-Test. Remind them to write their responses to the exercises on a blank DA Form 4245 and not in the lesson book.

Administer the Pre-Test/Post-Test to students who complete the lesson. Students who do not pass must take the lesson again.

DA FORM 4245
The "7" Card

This test requires you to complete the "7" card section of DA Form 4245 (JUMPS-RC Accessions and Pay Change Data) for an initial load. You will need a blank DA Form 4245 and a pencil or pen. You may use AR 37-104-10 as a reference. After completing this test, check your answers against the "Pre/Post-Test Answer Key" at the end of the lesson. The test has a total value of 10 points. If you do not get at least 8 points, take the lesson. Write your responses on a blank DA Form 4245 or a photocopy of it. Do not write in this book.

Complete the "7" card section of a DA Form 4245 for an initial load. Use the source documents provided.

1. The person being loaded is not eligible for Incentive Pay. Enter the correct codes in columns 18-28.

2. Using the information in Figure 1 below and Figure 2 on the next page, post the benefit status code of CPT Meyer into card column 30 of your "7" card.

DECLARATION OF RETIRED PAY BENEFITS RECEIVED AND WAIVERS
For use of this form, see AR 37-104-3 and AR 37-104-10; the proponent agency is USAFAC.

DATE: 6 Jan 85

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, USC, Sec 684. PRINCIPAL PURPOSE: Waiver of retired pay to receive active or inactive duty pay. ROUTINE USES: To determine whether reserve member elects to receive benefits or claims because of prior military service or to waive such benefits in favor of pay and allowances; also to modify terms of previous waiver or apply for recoupment of previously waived benefits. DISCLOSURE IS VOLUNTARY, however, if information is not furnished waiver cannot be processed, thus preventing the payment of active or inactive duty pay.

INSTRUCTIONS

Each member must prepare this form in 4 copies.
1. Upon assignment to a unit.
2. On 1 Oct, each year if member is receiving Retired Pay.
3. When necessary to supplement or change their waiver.
4. When member desires to effect recoupment.

If receiving RETIRED PAY, mail original of this form to Commanding General, US Army Finance and Accounting Center, Department 90, Indianapolis, Indiana 46249-0001.

TYPED NAME OF RESERVIST (Last Name - First Name - Middle Initial)	GRADE	SOCIAL SECURITY NUMBER
MEYER, PETER JOHN	CPT	123-34-8179

ADDRESS (Include ZIP Code)	UNIT OF ASSIGNMENT
Box 119, Meadowview Lane Menomonie, WI 54751	HHC, 793d Engr Bn(C)(C) Eau Claire, WI 54701

I. DECLARATION OF BENEFITS RECEIVED

I AM ☐ I AM NOT ☒ DRAWING RETIRED OR RETAINER PAY BECAUSE OF PRIOR MILITARY SERVICE. I UNDERSTAND THAT I MAY NOT ACCEPT BOTH PAY AND ALLOWANCES AND RETIRED, OR RETAINER PAY FOR ANY PERIODS I HAVE SERVED ON ACTIVE DUTY, ACTIVE DUTY FOR TRAINING OR INACTIVE DUTY TRAINING. I FURTHER UNDERSTAND THAT AT ANY TIME MY SITUATION CHANGES I MUST REPORT EACH CHANGE TO MY PERSONNEL OFFICER IMMEDIATELY. (10 USC 684)

(Military Department Paying Retired Pay) — (Signature of Reservist) Peter J. Meyer

[redacted]

SIGNATURE OF COMMANDER: Matthew R. Schultz, CPT, IN, USAR — DATE: 6 Jan 85

DA FORM 3063, Jan 85 — EDITION OF 1 MAR 77 IS OBSOLETE. G.P.O. 1984-431-848/19211

VA RETURN ADDRESS

Veterans Administration

DECLARATION OF BENEFITS RECEIVED AND WAIVERS

1. NAME AND HOME ADDRESS OF VETERAN
PETER J. MEYER
Box 119, Meadowview Lane
Menomonie, WI 54751

2. VA FILE NUMBER

3. SOCIAL SECURITY NUMBER
123-34-8179

4A. UNIT OF ASSIGNMENT
HHC
793d Engr Bn(C)(C)
Eau Claire, WI 54701

4B. UNIT TELEPHONE NUMBER (Include Area Code)
715-856-6251

SECTION I — CERTIFICATION

5. BENEFIT CERTIFICATION (Check "A" or "B" if applicable. If "B" is checked, complete "C" or "D" to indicate type of election requested.) (√)

A. I AM NOT RECEIVING VA PENSION OR DISABILITY COMPENSATION; NOR DO I HAVE A CLAIM PENDING AS THE RESULT OF PRIOR SERVICE. ✓

B. I AM RECEIVING VA PENSION OR DISABILITY COMPENSATION AS THE RESULT OF PRIOR SERVICE.

C. I ELECT TO RECEIVE PAY AND ALLOWANCE FOR THE PERFORMANCE OF ACTIVE/INACTIVE DUTY IN LIEU OF BENEFITS I AM CURRENTLY

VA FORM MAY 1984 21-8951 RESERVE UNIT COPY

3. Complete card column 32, waiver status. Refer to Figure 1 on the previous page and Figure 2 above.

4. Using the information in Figure 1 on page 4 and Figure 2 above, post the proper data in card columns 33-35 on the "7" card.

5. Complete card columns 48-50. Refer to Figure 2 below to obtain the necessary data.

Form W-4 (Rev. January 1983)

Department of the Treasury—Internal Revenue Service

Employee's Withholding Allowance Certificate

OMB No. 1545-0010 Expires 8-31-85

1 Type or print your full name
PETER JOHN MEYER

2 Your social security number
123-34-8179

Home address (number and street or rural route)
Box 119, Meadowview Lane

City or town, State, and ZIP code
Menomonie, WI 54751

3 Marital Status
☐ Single ☒ Married
☐ Married, but withhold at higher Single rate
Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.

4 Total number of allowances you are claiming (from line F of the worksheet on page 2) 0

5 Additional amount, if any, you want deducted from each pay . . . . . $ 35.00

6 I claim exemption from withholding because (see instructions and check boxes below that apply):
a ☐ Last year I did not owe any Federal income tax and had a right to a full refund of ALL income tax withheld, AND
b ☐ This year I do not expect to owe any Federal income tax and expect to have a right to a full refund of ALL income tax withheld. If both a and b apply, enter the year effective and "EXEMPT" here . . ▶ Year
c If you entered "EXEMPT" on line 6b, are you a full-time student? . . . . . ☐ Yes ☐ No

Under the penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or if claiming exemption from withholding, that I am entitled to claim the exempt status.

Employee's signature ▶ Peter J. Meyer Date ▶ 6 January, 19 85

7 Employer's name and address (Employer: Complete 7, 8, and 9 only if sending to IRS)

8 Office code

9 Employer identification number

INTRODUCTION

The DA Form 4245, JUMPS-RC, Accessions and Pay Change Data, is an integral part of the Reserve Component Master Pay File (RCMPF). The DA Form 4245 is used to establish the pay account of a new member. This is what is meant by the term "initial load." Although this TEC Lesson explains only the initial load of the DA Form 4245, the form is also used to change the data in the RCMPF account of a current member. Current members who transfer from one unit to another are not considered "initial loads" by the receiving unit: Transfers already have RCMPF accounts. An initial load is done only for new members of the USAR.

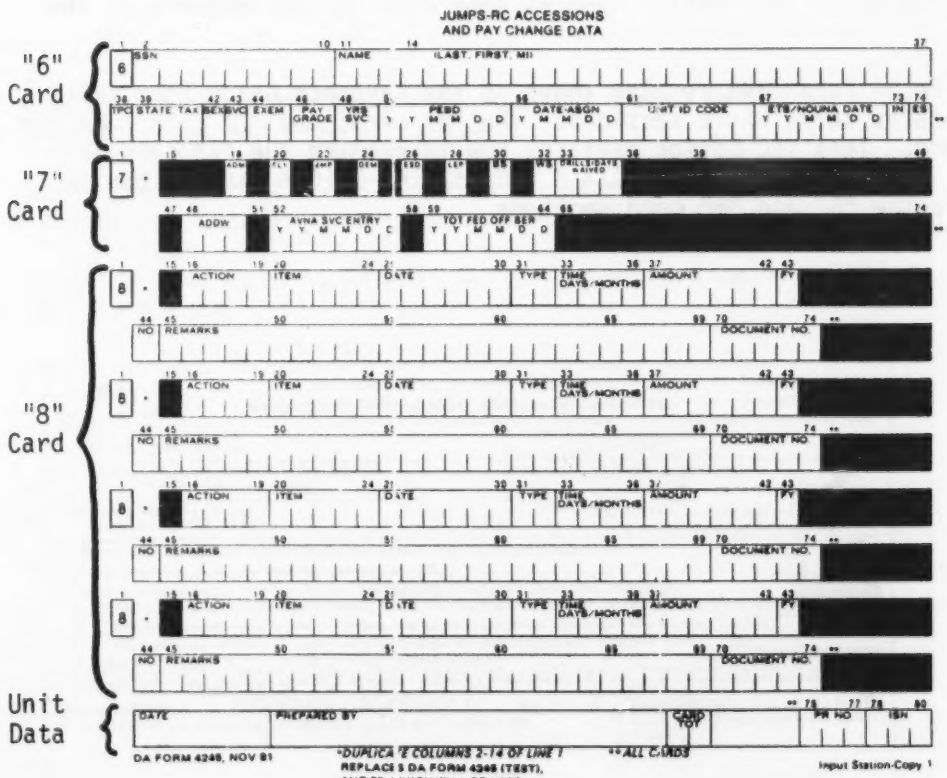
The DA Form 4245 is also known as the Keypunch Guide Form (KGF). It contains three basic sections: the "6" card; the "7" card; and the "8" card. This TEC Lesson explains how to prepare the "7" card section. TEC Lessons 542-140-0014-A and 542-140-0016-A explain how to prepare the "6" and "8" card sections.

TEC LESSON

The DA Form 4245, JUMPS-RC Accessions and Pay Change Data, is used for an "initial load" of a USAR TPU member onto a computerized pay system. The term "initial load" means that information about the member is taken from the DA 4245 and "loaded" or keypunched into the computer for the first time. The computer's records contain the Reserve Component Master Pay File (RCMPF)--a listing of the pay accounts of all RC members.

This transferring or "loading" of information is initially done when a new person joins a Troop Program Unit (TPU). Information is gathered from the member's personnel records and entered onto the DA 4245, the Keypunch Guide Form (KGF). The KGF is used to establish his pay account on the RCMPF computer. After a member performs Inactive Duty Training (IDT), his account in the RCMPF is accessed and payment for the IDT is forwarded to the member.

Proper payment depends upon an error-free DA Form 4245. All three sections--the "6," "7," and "8" cards--must be prepared accurately. Look at the DA 4245 shown below. Each of the sections are labelled.



The first section of the DA Form 4245 is the "6" Card. It is used for personal identification and other crucial pay data. TEC Lesson 542-140-0014-A provides information on how to record data on the "6" card for an initial load.

The second section is the "7" Card. It is used for information that is required whenever a member is entitled to incentive pay, whenever a waiver of benefits is required, or whenever a member requests additional tax withholding.

On an initial load of the third section, the "8" card, you record data to show where to send the member's paycheck. TEC Lesson 542-140-0016-A explains how to complete the initial load on the "8" card. Other TEC Lessons explain how to use the "8" card to add, change, or delete data on an existing account.

Although this lesson only provides information on completing the "7" card, all three sections--the "6," "7," and "8"-- have to be completed for an initial load. Some general rules for data entry on the DA Form 4245 are provided at the end of the lesson.

The "7" Card

The "7" Card is used to input certain pay-related information into the RCMPF. It may not have to be filled out for every new "load." But it must be filled out if any of the following three situations exist:

a. To report a member who is entitled to incentive pay such as jump pay for an airborne unit member, or flight pay for a flight crew member.

b. To report the "waiver of benefits" status of a member receiving Veteran's Administration Compensation for a service related disability or receiving military Retired pay for active service.

c. To report a member's request for additional Federal Income Tax withholding.

Before you get started, look at the individual "blocks" within the rows of the "7" Card. The "blocks" are called "card columns." They are numbered to help you enter the information properly. An individual's Social Security Number (SSN), for example, is entered into the "6" Card in card columns numbered 2 through 10.

The preprinted "7" in card column 1 is known as the Card Code. It simply identifies this section of the DA Form 4245 as the "7" Card. Do not make any entries in it unless the entire "7" Card is going to be left completely blank. In that case, block out the "7" in card column 1.

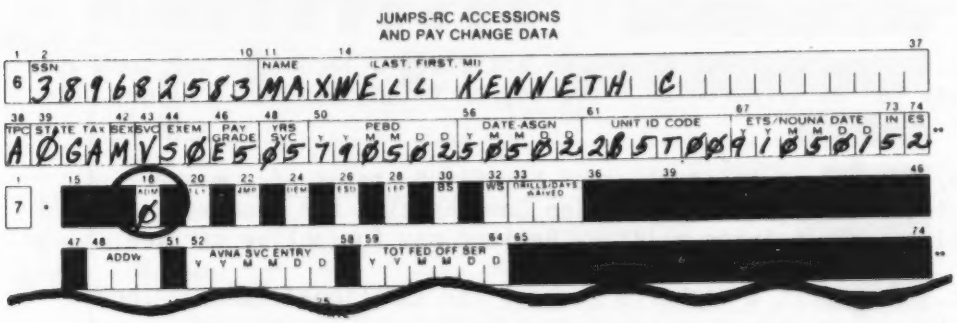
If you'll look at your "7" Card now, you'll notice that card column numbers 2 through 14 seem to be missing. The Card Code is "block" number 1, and the next "block" is number 15. This is because the Input Station automatically duplicates card columns 2-14 of the "6" Card. They copy the member's SSN and the first four letters of the last name.

Once the member's account has been established on the RCMPF, the "6" and "7" cards are not used again for that member unless the account is removed from the RCMPF. If a "removed" account needs to be re-established, treat it as a new account.

Completing the "7" Card

Complete your "7" Card as you go through this lesson.

Card column 18 is not used. Enter a Ø in card column 18 of your form, just like the example below.



Card columns 20-28 are used to enter codes which indicate eligibility for Incentive Pay. New members without prior service usually will not qualify for Incentive Pay; they do not have the training or experience needed to qualify. So, for an initial load of those individuals, enter a zero (Ø) in card columns 20, 22, 24, 26, and 28.

Certain individuals coming off active duty and going into USAR aviation or airborne units may be eligible for Incentive Pay. A prior service member joining a USAR Special Forces unit, for example, would probably qualify for Incentive JUMP (JMP) Pay; Code 1 would be entered in column 22 for that individual. If you need to enter an Incentive Code, consult the list in AR 37-104-10. Place a zero (Ø) in all card columns that do not apply. Incentive Pay for Demolition (DEM), Experimental Stress (ESD), or Leprosarium (LEP) is rarely granted.

The numerical codes that you must enter in card column 30, Benefit Status (BS), identify prior service members who receive Retired Pay or Veteran's Compensation or both. You can determine Benefit Status by examining two forms contained in the individual's Personal Financial Record (PFR): DA Form 3053, Declaration of Retired Pay Benefits Received and Waivers; and VA Form 21-8951, Declaration of Benefits Received and Waivers. New members are required to complete both forms.

If a member is not receiving any benefits, enter a zero (Ø) in column 30; if he is receiving Retired Pay, enter a one (1); if he is receiving VA Pay, enter a two (2); if he is receiving both, enter a one (1).

In the DA Form 3053, illustrated below, SGT Maxwell has indicated in Section I that he is not drawing Retired Pay. Next, in the VA Form 21-8951, shown on the following page, Maxwell has indicated in Section I that he receives veteran's compensation. The numerical code for VA Pay is two (2).

DECLARATION OF RETIRED PAY BENEFITS RECEIVED AND WAIVERS
For use of this form, see AR 37-104-3 and AR 37-104-10; the proponent agency is USAFAC.

DATE: 2 May 85

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, USC, Sec 684. PRINCIPAL PURPOSE: Waiver of retired pay to receive active or inactive duty pay. ROUTINE USES: To determine whether reserve member elects to receive benefits or claims because of prior military service or to waive such benefits in favor of pay and allowances; also to modify terms of previous waiver or apply for recoupment of previously waived benefits. DISCLOSURE IS VOLUNTARY, however, if information is not furnished waiver cannot be processed, thus preventing the payment of active or inactive duty pay.

INSTRUCTIONS

Each member must prepare this form in 4 copies.
1. Upon assignment to a unit.
2. On 1 Oct. each year if member is receiving Retired Pay.
3. When necessary to supplement or change their waiver.
4. When member desires to effect recoupment.

If receiving RETIRED PAY, mail original of this form to Commanding General, US Army Finance and Accounting Center, Department 80, Indianapolis, Indiana 46249-0001.

TYPED NAME OF RESERVIST (Last Name - First Name - Middle Initial)	GRADE	SOCIAL SECURITY NUMBER
MAXWELL, KENNETH C.	SGT E-5	389-68-2583

ADDRESS (Include ZIP Code)	UNIT OF ASSIGNMENT
4528 Parkway Drive Atlanta, GA 30301	HHC 80th Training Command Atlanta, GA 30301

I AM ☐ I AM NOT ☒ DRAWING RETIRED OR RETAINER PAY BECAUSE OF PRIOR MILITARY SERVICE. I UNDERSTAND THAT I MAY NOT ACCEPT BOTH PAY AND ALLOWANCES AND RETIRED OR RETAINER PAY FOR ANY PERIODS I HAVE SERVED ON ACTIVE DUTY, ACTIVE DUTY FOR TRAINING OR INACTIVE DUTY TRAINING. I FURTHER UNDERSTAND THAT AT ANY TIME MY SITUATION CHANGES I MUST REPORT EACH CHANGE TO MY PERSONNEL OFFICER IMMEDIATELY. (10 USC 684)

Kenneth C. Maxwell

VA RETURN ADDRESS

Veterans Administration

DECLARATION OF BENEFITS RECEIVED AND WAIVERS

1. NAME AND HOME ADDRESS OF VETERAN
KENNETH C. MAXWELL
4528 Parkway Drive
Atlanta, GA 30301

2. VA FILE NUMBER
C-10790

3. SOCIAL SECURITY NUMBER
389-68-2583

4A. UNIT OF ASSIGNMENT
HHC
80th Training Command
Atlanta, GA 30301

4B. UNIT TELEPHONE NUMBER (Include Area Code)
404-656-3822

SECTION I — CERTIFICATION

5. BENEFIT CERTIFICATION (*Check "A" or "B" if applicable. If "B" is checked, complete "C" or "D" to indicate type of election requested.*)

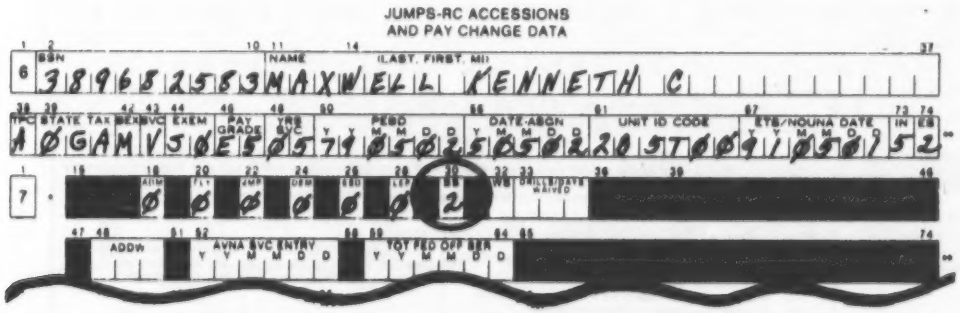
A. I AM NOT RECEIVING VA PENSION OR DISABILITY COMPENSATION, NOR DO I HAVE A CLAIM PENDING AS THE RESULT OF PRIOR SERVICE.

B. I AM RECEIVING VA PENSION OR DISABILITY COMPENSATION AS THE RESULT OF PRIOR SERVICE. ✓

C. I ELECT TO RECEIVE PAY AND ALLOWANCE FOR THE PERFORMANCE OF ACTIVE/INACTIVE DUTY IN LIEU OF BENEFITS I AM CURRENTLY

A code 2 is therefore entered in column 30. Now, copy the zeros (Ø) into card columns 20-28 and the benefit code into card column 30 of your DA Form 4245.

Your "7" card should look like the one shown below.



The entry for column 32, WS (Waiver Status) depends upon the previous entry in column 30, Benefit Status. Members may not receive both drill (i.e., Inactive Duty Training) pay and other (Retired/VA) pay. They have to waive either drill pay or the other pay. The entry codes for this column, as stipulated by AR 37-104-10, are listed below:

Ø - Not applicable
1 - Waive drill pay
2 - Waive other pay

If you entered a zero (Ø) in column 30, enter a zero (Ø) in column 32. If you entered a "1" in column 30, then enter a "1" in column 32. If you entered a "2" in column 30, then enter a "2" in column 32. If the individual must waive, refer to his DA Form 3053 to see what he decided to waive.

On Maxwell's VA Form 21-8951 shown below, you can see that he decided to waive his VA compensation.

VA RETURN ADDRESS

Veterans Administration

DECLARATION OF BENEFITS RECEIVED AND WAIVERS

1. NAME AND HOME ADDRESS OF VETERAN
KENNETH C. MAXWELL
4528 Parkway Drive
Atlanta, GA 30301

2. VA FILE NUMBER
C-10790

3. SOCIAL SECURITY NUMBER
389-68-2583

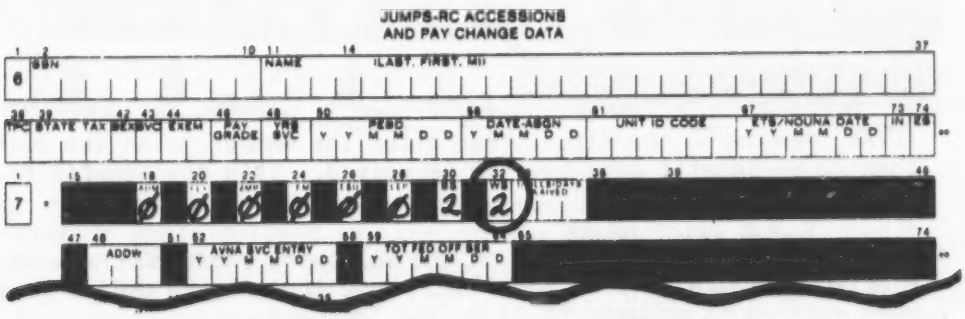
4A. UNIT OF ASSIGNMENT
HHC
80th Training Command
Atlanta, GA 30301

4B. UNIT TELEPHONE NUMBER (Include Area Code)
404-656-3822

SECTION I — CERTIFICATION

5. BENEFIT CERTIFICATION (Check "A" or "B" if applicable. If "B" is checked, complete "C" or "D" to indicate type of election requested.)	(√)
A. I AM NOT RECEIVING VA PENSION OR DISABILITY COMPENSATION; NOR DO I HAVE A CLAIM PENDING AS THE RESULT OF PRIOR SERVICE.	
B. I AM RECEIVING VA PENSION OR DISABILITY COMPENSATION AS THE RESULT OF PRIOR SERVICE.	✓
C. I ELECT TO RECEIVE PAY AND ALLOWANCE FOR THE PERFORMANCE OF ACTIVE/INACTIVE DUTY IN LIEU OF BENEFITS I AM CURRENTLY RECEIVING. (Complete schedule of training below.)	✓
D. I ELECT TO WAIVE PAY AND ALLOWANCES FOR THE PERFORMANCE OF ACTIVE/INACTIVE DUTY DURING THIS FISCAL YEAR IN LIEU OF BENEFITS I AM RECEIVING FOR PRIOR [illegible]	

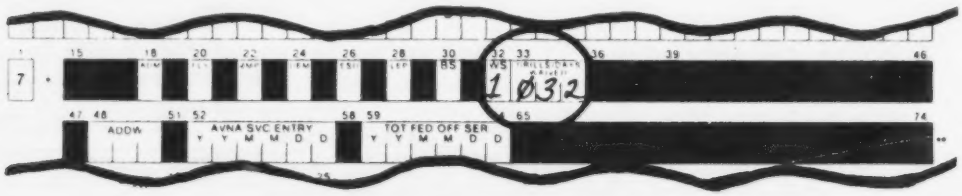
Maxwell's decision to waive his other pay means that WS code 2 should be entered in column 32 of the "7" card. See the example below.



Copy Maxwell's WS code into column 32 of your form.

Card columns 33-35 (Drills/Days Waived) are related to Waiver Status (column 32). Remember from the previous section that individuals receiving Retired pay or VA pay have to waive either that pay or their Inactive Duty Training (IDT) pay. Columns 33-35 are used to indicate how many drills (IDT) they have to waive or how many Benefit (Retired/VA) days they have to waive.

If you put code "1" in column 32 (Waiver Status), then the member is waiving drill (IDT) pay. Simply enter the number of drills left in the Fiscal Year after the member is assigned to the unit. For example, if the member joins the unit on 1 February 1985 and there are 32 drills scheduled over the remaining eight months of the Fiscal Year, put a zero (Ø) in column 33; a "3" in column 34; and, a "2" in column 35. See the example below. Do not enter the Ø32 on your form; read the explanation for code 2, below, and then make your entries.



If you put a code "2" in Waiver Status, then the member is waiving Benefit pay. Benefit pay is either Retired pay or VA pay. Retired pay is waived on a day-for-day basis. One day of Retired pay is waived for one day of drill pay. Using the example above, if the unit has thirty-two drills remaining after the member joins the unit, the number of Retired-Benefit days waived depends upon the scheduling format the unit uses. If the unit schedules one Unit Training Assembly (UTA) one day each week (four UTAs a month), then 32 Benefit days have to be waived. If the unit uses the weekend Multiple Unit Training Assembly (MUTA) format, holding two drills on Saturday and two drills on Sunday, then only 16 Retired-Benefit days have to be waived.

VA compensation is waived on day-for-drill basis. If 32 drills (UTAs) remain in the Fiscal Year after the member joins the unit, then 32 VA-Benefit days have to be waived. It's one Benefit day waived for each drill.

On the VA Form 21-8951 shown on the following page, SGT Maxwell has elected to waive 20 UTAs (drills). Note that the 20 drills have been entered in columns 33-35 on the "7" card.

VA RETURN ADDRESS

Veterans Administration

DECLARATION OF BENEFITS RECEIVED AND WAIVERS

1. NAME AND HOME ADDRESS OF VETERAN	2. VA FILE NUMBER
KENNETH C. MAXWELL 4528 Parkway Drive Atlanta, GA 30301	C-10790
	3. SOCIAL SECURITY NUMBER 389-68-2583
	4A. UNIT OF ASSIGNMENT HHC 80th Training Command Atlanta, GA 30301
	4B. UNIT TELEPHONE NUMBER (Include Area Code) 404-656-3822

SECTION I — CERTIFICATION

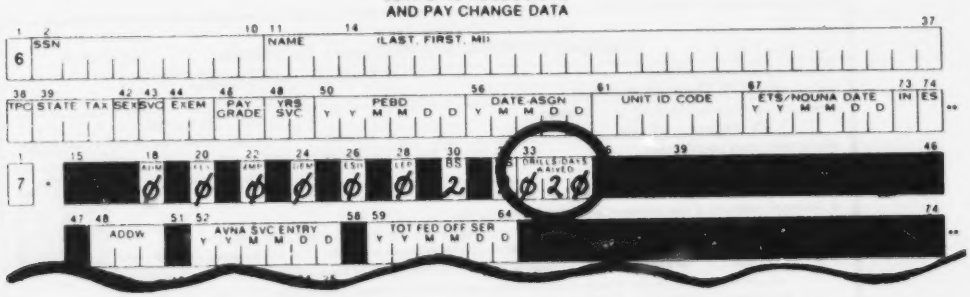
5. BENEFIT CERTIFICATION (Check "A" or "B" if applicable. If "B" is checked, complete "C" or "D" to indicate type of election requested.)	(√)
A. I AM NOT RECEIVING VA PENSION OR DISABILITY COMPENSATION NOR DO I HAVE A CLAIM PENDING AS THE RESULT OF PRIOR SERVICE	
B. I AM RECEIVING VA PENSION OR DISABILITY COMPENSATION AS THE RESULT OF PRIOR SERVICE	✓
C. I ELECT TO RECEIVE PAY AND ALLOWANCE FOR THE PERFORMANCE OF ACTIVE/INACTIVE DUTY IN LIEU OF BENEFITS I AM CURRENTLY RECEIVING (Complete schedule of training below.)	✓
D. I ELECT TO WAIVE PAY AND ALLOWANCES FOR THE PERFORMANCE OF ACTIVE/INACTIVE DUTY DURING THIS FISCAL YEAR IN LIEU OF BENEFITS I AM RECEIVING FOR PRIOR MILITARY SERVICE. I AGREE TO PAY ALL OF MY TRANSPORTATION EXPENSES AND ALL MEALS FURNISHED BY GOVERNMENT MESS AND TO REIMBURSE THE GOVERNMENT FOR SUCH EXPENSES INCURRED ON MY BEHALF	

6A. TYPE OF TRAINING	6B. SCHEDULE OF TRAINING													
	FOR FY	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL
ACTIVE DUTY/ANNUAL TRAINING DAYS											15			15
DRILL PERIODS	1985								4	4	4	4	4	20

7A. SIGNATURE OF RESERVIST: Kenneth C. Maxwell — 7B. DATE SIGNED: 2 May 85

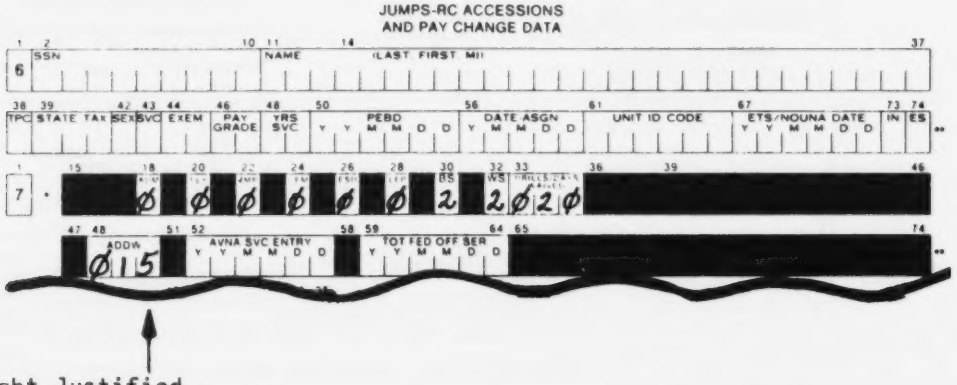
Post the drills waived into card columns 33-35 on your form. When nothing has to be waived, enter zeros (ØØØ) in card columns 33-35.

JUMPS-RC ACCESSIONS AND PAY CHANGE DATA



If the member requests that additional withholding tax be withheld, enter the amount of whole dollars in card columns 48-50. The entry here is "right-justified": the numbers showing the amount of additional withholding are "pushed" to the right -- card column 50 should contain the last digit of the amount. For example, additional

withholding of $15.00 will be entered as Ø15. See the illustration below.



The number of exemptions claimed on IRS Form W-4 and as indicated in card columns 44-45 on the "6" card must be zero if additional withholding is desired. Enter ØØØ if the member does not request additional withholding. If a member requests that all pay entitlements be withheld for taxes, 999 will be entered.

On the W-4, item 5, shown below, SGT Maxwell has requested $10.00 as the additional amount to be withheld.

Form W-4 (Rev. January 1983)

Department of the Treasury—Internal Revenue Service

Employee's Withholding Allowance Certificate

OMB No. 1545-0010
Expires 8-31-85

1 Type or print your full name
KENNETH CHARLES MAXWELL

2 Your social security number
389-68-2583

Home address (number and street or rural route)
4528 Parkway Drive

3 Marital Status: ☐ Single ☒ Married ☐ Married, but withhold at higher Single rate
Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.

City or town, State, and ZIP code
Atlanta, GA 30301

4 Total number of allowances you are claiming (from line F of the worksheet on page 2) 0

5 Additional amount, if any, you want deducted from each pay . . . . . $ 10.00

6 I claim exemption from withholding because (see instructions and check boxes below that apply):
a ☐ Last year I did not owe any Federal income tax and had a right to a full refund of ALL income tax withheld, AND
b ☐ This year I do not expect to owe any Federal income tax and expect to have a right to a full refund of ALL income tax withheld. If both a and b apply, enter the year effective and "EXEMPT" here . . ▶ Year
c If you entered "EXEMPT" on line 6b, are you a full-time student? . . . . . ☐ Yes ☐ No

Under the penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or if claiming exemption from withholding, that I am entitled to claim the exempt status.

Employee's signature ▶ Kenneth C. Maxwell Date ▶ 2 May 19 85

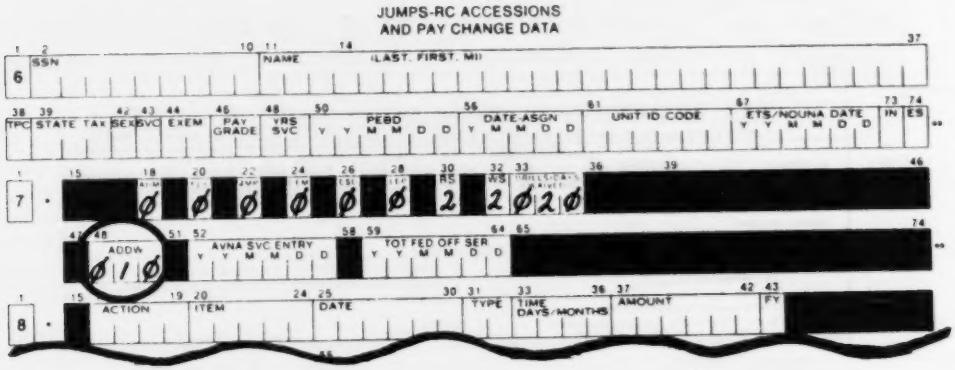
7 Employer's name and address (Employer: Complete 7, 8, and 9 only if sending to IRS)

8 Office code

9 Employer identification number

This $10.00 has been recorded, right justified, in columns 48-50

on the "7" Card.



Now copy the "Ø10" into card columns 48-50 of your DA Form 4245.

Card columns 52-64, AVNA SVC ENTRY and TOT FED OFF SER are reserved for flight officers only. For all others, leave these card columns blank. If you have flight qualified officers, see paragraph 2-13 in AR 37-104-10 to make the entries.

SELF-EVALUATION EXERCISE

Let's try a self-evaluation exercise now on completing the "7" card of DA Form 4245. Use a blank form to do these exercises. Please do not write in this book. Turn to page 18 to check your answers.

Exercise 1

Complete the "7" card portion of the DA Form 4245 using your blank form. Refer to the following illustrations to get your data.

DECLARATION OF RETIRED PAY BENEFITS RECEIVED AND WAIVERS
For use of this form, see AR 37-104-3 and AR 37-104-10; the proponent agency is USAFAC.

DATE: 3 March 1985

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, USC, Sec 684. PRINCIPAL PURPOSE: Waiver of retired pay to receive active or inactive duty pay. ROUTINE USES: To determine whether reserve member elects to receive benefits or claims because of prior military service or to waive such benefits in favor of pay and allowances; also to modify terms of previous waiver or apply for recoupment of previously waived benefits. DISCLOSURE IS VOLUNTARY, however, if information is not furnished waiver cannot be processed, thus preventing the payment of active or inactive duty pay.

INSTRUCTIONS

Each member must prepare this form in 4 copies.
1. Upon assignment to a unit.
2. On 1 Oct, each year if member is receiving Retired Pay.
3. When necessary to supplement or change their waiver.
4. When member desires to effect recoupment.

If receiving RETIRED PAY, mail original of this form to Commanding General, US Army Finance and Accounting Center, Department 90, Indianapolis, Indiana 46249-0001.

TYPED NAME OF RESERVIST (Last Name - First Name - Middle Initial)	GRADE	SOCIAL SECURITY NUMBER
JOHNSON, ROBERT A.	ILT	390-68-4198

ADDRESS (Include ZIP Code)	UNIT OF ASSIGNMENT
Box 30 Tomah, WI 54660	HHC, 444th Engr Bn(C)(C) Fort McCoy, WI 54656

I. DECLARATION OF BENEFITS RECEIVED

I AM ☐ I AM NOT ☒ DRAWING RETIRED OR RETAINER PAY BECAUSE OF PRIOR MILITARY SERVICE. I UNDERSTAND THAT I MAY NOT ACCEPT BOTH PAY AND ALLOWANCES AND RETIRED, OR RETAINER PAY FOR ANY PERIODS I HAVE SERVED ON ACTIVE DUTY, ACTIVE DUTY FOR TRAINING OR INACTIVE DUTY TRAINING. I FURTHER UNDERSTAND THAT AT ANY TIME MY SITUATION CHANGES I MUST REPORT EACH CHANGE TO MY PERSONNEL OFFICER IMMEDIATELY. (10 USC 684)

(Military Department Paying Retired Pay) — (Signature of Reservist) Robert A. Johnson

RECEIVE PAY ... WAIVER ...

VA RETURN ADDRESS

Veterans Administration

DECLARATION OF BENEFITS RECEIVED AND WAIVERS

1. NAME AND HOME ADDRESS OF VETERAN
ROBERT A. JOHNSON
Box 30
Tomah, WI 54660

2. VA FILE NUMBER: C-50360
3. SOCIAL SECURITY NUMBER: 390-68-4198
4A. UNIT OF ASSIGNMENT: HHC
444th Engr Bn(C)(C)
Fort McCoy, WI 54656
4B. UNIT TELEPHONE NUMBER (Include Area Code): 608-388-5285

SECTION I — CERTIFICATION

5. BENEFIT CERTIFICATION (Check "A" or "B" if applicable. If "B" is checked, complete "C" or "D" to indicate type of election requested.) [√]

A. I AM NOT RECEIVING VA PENSION OR DISABILITY COMPENSATION; NOR DO I HAVE A CLAIM PENDING AS THE RESULT OF PRIOR SERVICE.

B. I AM RECEIVING VA PENSION OR DISABILITY COMPENSATION AS THE RESULT OF PRIOR SERVICE. ✓

C. I ELECT TO RECEIVE PAY AND ALLOWANCE FOR THE PERFORMANCE OF ACTIVE/INACTIVE DUTY IN LIEU OF BENEFITS I AM CURRENTLY RECEIVING. (Complete schedule of training below.) ✓

D. I ELECT TO WAIVE PAY AND ALLOWANCES FOR THE PERFORMANCE OF ACTIVE/INACTIVE DUTY DURING THIS FISCAL YEAR IN LIEU OF BENEFITS I AM RECEIVING FOR PRIOR MILITARY SERVICE. I AGREE TO PAY ALL OF MY TRANSPORTATION EXPENSES AND ALL MEALS FURNISHED BY GOVERNMENT MESS AND TO REIMBURSE THE GOVERNMENT FOR SUCH EXPENSES INCURRED ON MY BEHALF.

6A. TYPE OF TRAINING — 6B. SCHEDULE OF TRAINING

FOR FY	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL
ACTIVE DUTY/ANNUAL TRAINING DAYS								15					15
DRILL PERIODS 1985						4	4	4	4	4	4	4	28

7A. SIGNATURE OF RESERVIST: Robert A. Johnson — 7B. DATE SIGNED: 3 Mar 85

SECTION II — SUPPLEMENTAL WAIVER

Form W-4 (Rev. January 1983)

Department of the Treasury—Internal Revenue Service

Employee's Withholding Allowance Certificate

OMB No. 1545-0010
Expires 5-31-85

1 Type or print your full name
ROBERT ALAN JOHNSON

2 Your social security number
390-68-4198

Home address (number and street or rural route)
Box 30

3 Marital Status
☐ Single ☒ Married
☐ Married, but withhold at higher Single rate
Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.

City or town, State, and ZIP code
Tomah, WI 54660

4 Total number of allowances you are claiming (from line F of the worksheet on page 2) 0

5 Additional amount, if any, you want deducted from each pay $35.00

6 I claim exemption from withholding because (see instructions and check boxes below that apply):

a ☐ Last year I did not owe any Federal income tax and had a right to a full refund of ALL income tax withheld, AND

b ☐ This year I do not expect to owe any Federal income tax and expect to have a right to a full refund of ALL income tax withheld. If both a and b apply, enter the year effective and "EXEMPT" here . . ▶ Year

c If you entered "EXEMPT" on line 6b, are you a full-time student? . . . . . ☐ Yes ☐ No

Under the penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or if claiming exemption from withholding, that I am entitled to claim the exempt status.

Employee's signature ▶ Robert A. Johnson Date ▶ 3 Mar , 19 85

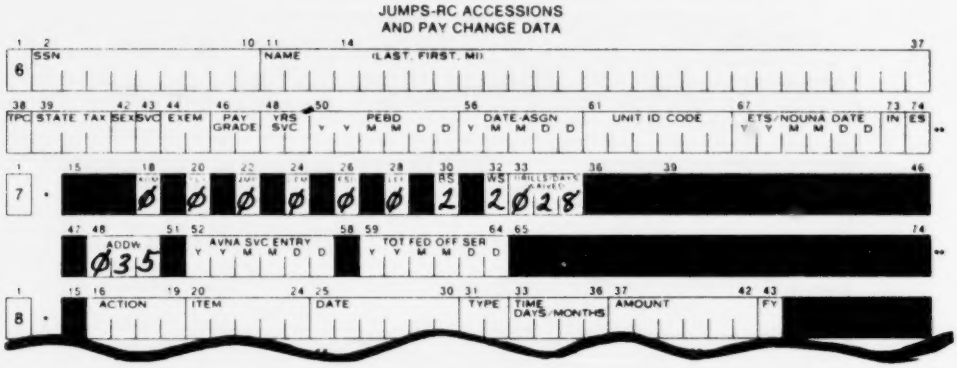
7 Employer's name and address (Employer: Complete 7, 8, and 9 only if sending to IRS)

8 Office code

9 Employer identification number

ANSWERS TO SELF-EVALUATION EXERCISE

Compare the entries on your "7" card to the entries on the one shown below. If you made any incorrect entries, review those sections of the TEC Lesson before you continue.



Now go on to the guidelines for input preparation found on the following page.

Guidelines for Input Preparation

When making an initial load, prepare two copies of DA Form 4245. Send the original to the input station. Keep the duplicate copy in the member's Personal Financial Record (PFR) until you receive the Leave and Earnings Statement (LES). Verify the duplicate against the LES to ensure the action was accepted and processed correctly. When verification is completed, destroy the duplicate DA Form 4245 and file the duplicate copy of the LES in the PFR. Use the following guidelines when preparing DA Form 4245:

1. Use blue or black ink; preferably blue for contrast. Do not use red.

2. Enter only one character per card column (CC).

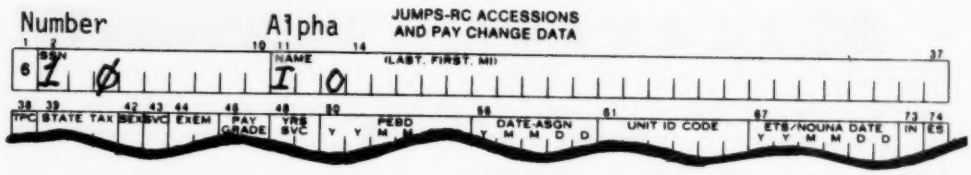
3. Print clearly using the large block alpha characters shown below:

   A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

4. Use only the following numeric characters to distinguish from alpha characters:

   Ø 1 2 3 4 5 6 7 8 9

5. Clearly show whether an entry is an alpha "I" or a number "1"; or an alpha "O" or a number "Ø"; always slash the zero. See the examples below.



Other alpha and numbers to use with care include:

a. Alpha "S" and the number "5."

b. Alpha "Z" and the number "2."

c. Alpha "U" and alpha "V."

d. Alpha "D" and alpha "O."

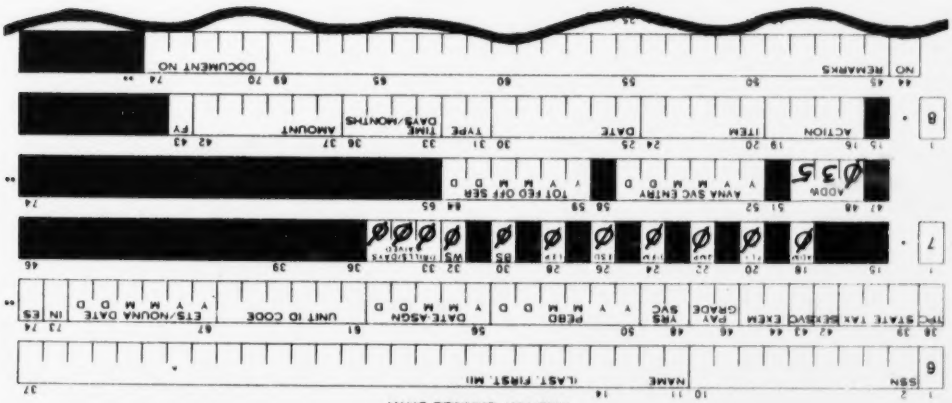
6. Make all numerical entries in the card columns (CC) farthest to the right of the data field. This is called "Right Justified."

You have now finished this lesson. You should be able to enter incentive pay, waiver of benefits or additional tax withholding data on the "7" card section of DA Form 4245. If you have had problems answering any questions, review the lesson again. When you are ready, take the Pre/Post-Test.

PRE/POST-TEST ANSWER KEY

Each answer or part of an answer has a value of one point as indicated. The total possible score is 10 points. A passing score is 8 points or more.

1. Card columns 18-28 (6 points)
2. Card column 30 (1 point)
3. Card column 32 (1 point)
4. Card columns 33-35 (1 point)
5. Card columns 48-50 (1 point)



JUMPS-RC ACCESSIONS
AND PAY CHANGE DATA

U.S. GOVERNMENT PRINTING OFFICE: 1985—556-847/610